



# UNITED STATES PATENT AND TRADEMARK OFFICE

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\*BIBDATASHEET\*

CONFIRMATION NO. 3723

Bib Data Sheet

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/679,837 | FILING DATE<br>10/06/2003<br><br>RULE | CLASS<br>119 | GROUP ART UNIT<br>3643 | ATTORNEY DOCKET NO.<br>BRADX 100 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

## APPLICANTS

Daniel D. Braden, Lakeview, OH;

\*\* CONTINUING DATA \*\*\*\*\*

None STN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None STN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 12/30/2003

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>STN</u> Initials | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>44 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

## ADDRESS

002555  
KREMBLAS, FOSTER, PHILLIPS & POLLOCK  
7632 SLATE RIDGE BOULEVARD  
REYNOLDSBURG, OH  
43068

## TITLE

Birdhouse

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>601 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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